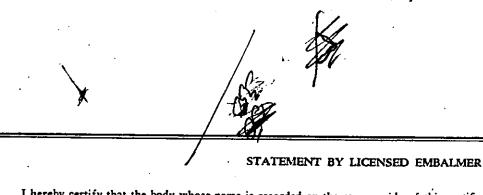
No.300	FILED NOV	25 1950	STANDARD CERTIF	37099		
	BIRTH NO.		REG. DIST. NO	PRIMARY REG. DIST. NO	State File No O 0 2 Registrar's No	4693
PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD	1, PLACE OF DE.	Jackson		2. USUAL RESIDENCE a. STATE NAMES	(Where deceased lived. If the b. COUNTY U.C.	HITISON administra
	b. CITY (If outside of CR KE)	insas Cit	CURAL and give C. LENGTH OF Y township: STAY (in this place) NON resident	c. CITY (If outside sorrorate lim OR METT TOWN	in, write RURAL and give town I A M	
	d. FULL NAME OF (If not in homital or institution give street address or location) HOSPITAL OR INSTITUTION			d. STREET 6001	Letve location). Temlock	1
	3. NAME OF DECEASED (Type or Print)	a. (First) Roy	Arthur	Kempton	4. DATE (Month) OF DEATH	6 (Pear)
	5. SEX Male 6.	COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Breath) MATTIED	May 14 1903	9. AGE (In years w toom has birthday) Months 47	
	10a. USUAL OCCUPATION dotte during most of work Electric	ing life, even if retired)	10b. KIND OF BUSINESS OR IN- BOESE - HILL TOWNER			12. CITIZEN OF WHAT COUNTRY?
	13a. FATHER'S NAME Elber Kempton		13b. MOTHER'S MAIDEN Nora Hec		ME OF HUSBAND OR WIF	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (16. NO. of unknown) (11 year, give war or dates of service) 487 O1 O34:			17. INFORMANT'S SIGN	Morriam, Kar	ADDRESS
	18. CAUSE OF DEATH Enter only one ossues per line for (a), (b), and (c)			CALOUALL OCC	lusion	INTERVAL BETWEEN ONSET AND DEATH
	*This does not mean the mode of dying, such as heart fallure, authenia,	ANTECEDENT CA		suary Start of	nas	
	etc. It means the dis- case, injury, or compilea- tion which caused death.	II. OTHER SIGNI	DUE TO (c) FICANT CONDITIONS	<u>, </u>	-	11201
	19a. DATE OF OPERA- TION	Conditions contributing to the death but not related to the disease or condition cousing death. 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY7
	21a. ACCIDENT SUICIDE HOMICIDE	(Bpeckly)	21b. PLACE OF INJURY (e.g., to or about bome, farm, fastory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY)	(STATE)
	21d. TIME (Month) OF INJURY	(Day) (Year) (Efour) 21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	211. HOW DID INJURY OCCUR?		
ĪŅĒY.	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.					
	23a. SIGNATURE GOO. C. Kealhofer (Degree or title) 23b. ADDRESS Fro Checker for Mot defuly carous 3 405 & Brooklyay Se 240 11-6-50					
WRITE	24a, RURIAL, CREMA. 248, DATE Zic. NAME OF CEMETERY, OF CREMATORY Zid. LOCATION (City, tourn, or county Survival 11-8-50 M.T. Morish aus as city					(State)
· .	DATE REC'D BY LOCAL REG		GRATURE Holmes		MATURE TO AD	une taus
		7	(Licensed Embalmer's S	tatement on Reverse Side)		



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

P. O. Address

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.